

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Received by (Please Print Clearly) <u>Neill Thompson</u> B. Date of Delivery <u>7-13-07</u>	
1. Article Addressed to: <u>DEA</u>		C. Signature <u>x Neill Thompson</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Drug Enforcement Administration 2350 Fairlane Drive Montgomery, Alabama 36116		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <u>A</u>	
		2:07CV627	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <u>7006 3450 0003 0602 1827</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424